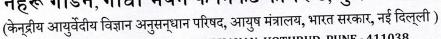


क्षेत्रीय आयुर्वेद अनुसन्धान संस्थान

REGIONAL AYURVEDA RESEARCH INSTITUTE नेहरू गार्डन, गांधी भवन के निकट कोथरूड, पुणे - 411038



NEHRU GARDEN, NEAR GANDHI BHAVAN, KOTHRUD, PUNE - 411038 (Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India, New Delhi) द्रभाष / Telephone – 020-29510232 / 25383138 Tele fax – 020-25386715

Email: nribas-pune@gov.in; nribas.pune@gmail.com, Website: www.rria.nic.in



u 1 JAN 2023

Details of CME

Name of the CME	Current trends in Ayurveda Drug Development 1. Ayush Scientists working in any research organization (College/Institution/Council) 2. Those who have already attended 2 or more CME need not apply. 3. Trainees who have attended less number of CME 4. Trainee on the basis of seniority		
Eligibility criteria			
Maximum number of trainees	30		
Procedure of the application	 Application must be made in prescribed application format along with the Google form available at https://forms.gle/ZH4wgqmFL7ixvWKu8 Candidate must attach ID prrof along with PG degree certificate Incomplete applications and applications received after the due date will not be considered. The scan copy of duly filled application should be sent along with the Google form and email cme2023.raripune@gmail.com 		
Procedure for the selection	 The guidelines by the RAV for the selection will be followed. Selected candidates will be informed by 10.01.2023 by email. 		
Payment of TA	 Fare will be reimbursed only at the end of the programme and subject to eligibility limited maximum up to 2 Tier A.C. Rail fare as per the laid down conditions and principles. Production of original tickets as per the instruction of Ayurgyan Scheme, Ministry of AYUSH is mandatory. Please note that TATKAL or DYNAMIC PRICING train tickets will NOT BE reimbursed. Arrangements for accommodation, food will be provided by the Institute during the CME period. Payments will be made directly to the bank account by electronic transfer 		
Attendance and Participation certificate	1. Full attendance is mandatory for obtaining participation certificate		

(Dr. Arun M. Gurav)

Assistant Director In-charge प्रभारी सहायक निदेशक **Assistant Director Incharge** क्षेत्रीय आयुर्वेदीय अनुसंधान संस्थान कें. आ. वि. अ. प., आयुष मंत्रालय, भारत संग्कार, Regional Ayurveda Research Institute C. C. R. A. S. Ministry of AYUSH, Govt. of India नेहरु गार्डन, कोथरुड, पुणे-411 038 Nehru Garden, Kothrud, Pune - 411 038

APPLICATION / NOMINATION FORM

Capacity Building and Continuing Medical Education 6-day AYUSH sponsored residential Training program in current trends in R&D, modern scientific advances & technology for scientific understanding for AYUSH Doctors / Scientists 30th January to 4th February, 2023

Organized by Regional Ayurveda Research Institute, Pune

To Assistant Director In-charge Regional Ayurveda Research Institute, Near Gandhi Bhavan, Kothrud Pune-411038

Email: cme2023.raripune@gmail.com

Link of the google form: https://forms.gle/ZH4wgqmFL7ixvWKu8

I, hereby submit my application/nomination along with One-page CV to participate in 6-day AYUSH sponsored residential CME training program in current in R&D, modern scientific advances & technology for scientific understanding for AYUSH Doctors/Scientists by your Institute.

Full Name:		(in BLOCK letters)	
Father's/Husband's Name	ž		
Date of Birth:	Age:	Gender:	
Education Qualification:			
Designation:	Department	t:	
Name of Institute / Organ	ization:		
Email Id (Institute):			
Full address for correspor	ndence with pin code	··	
1. Office:			
2. Residence:			
3. Mobile number:	Email ID:		
4. ID Card name & No. (Aa	adhar No./Any other	Govt. recognize ID.):	
5. Duration of service in p	resent organization:	Years	
months			
6. Number of CME attend	led till date:		
Please enclose One Page	CV and self attested	copy of aadhaar	
"I		undertake	
that the information prov	ided by me is correc	t to be best of my knowledge and I have no	t
concealed any relevant in	formation. If the info	ormation provide by me is false / inaccurate	e at any
stage, I will liable for disci me if any."	plinary action (as the	e case may be) and recovery of fund spent a	against
		Signature of Ap	oplicant
Date:			
Recommendation of the I	Head of the Institution	on/College/Organization	
			•••

Signature of Head of the Institute / College/ Organization with seal